

IPDR6702		NORTH CAROLINA				PAGE: 1		
RUN DATE: 07/20/2008		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 07/22/2008						
		FINANCIAL PAYER: NCDMM						
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAIN	8536	125	ATTENDING PROVIDER TYPE AND SP				
	H/DD/SAS			ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
		669	94	OTHER DIAGNOSIS CODE 3 IS INVA	0	411	1259	848
				LID				
		8326	67	ATTENDING PROVIDER NUMBER WAS				
				NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
3404904	WESTERN HIGHLAN	8326	7	ATTENDING PROVIDER NUMBER WAS				
	DS LME			NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
		0	0		0	7	93	86
3404910	PATHWAYS	8326	524	ATTENDING PROVIDER NUMBER WAS				
				NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
		8534	96	SERVICE FACILITY LOCATION IS N	0	773	3997	3224
				OT A VALID IPRS				
				ATTENDING PROVIDER, OR THE NPI				
		11	49	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404912	MENTAL HEALTH P	8599	32	DETAIL NOT COVERED BY COMBINAT				
	ARTNERS			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8505	16	CLAIM DENIED DUE TO INSUFFICIE	0	58	4664	4606
				NT BUDGET				
		191	4	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404913	MECKLENBURG COM	8800	1650	FURTHER PROCESSING NECESSARY,				
	ENTAL HEALT			PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8326	373	ATTENDING PROVIDER NUMBER WAS	0	2442	12060	9618
				NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
		8599	282	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404916	CROSSROADS BEHA	8959	3	REFERRING PROVIDER NPI IS MISS				
	VIORAL HEAL			ING. LEGACY REFERRING				
				PROVIDER IS TYPICAL. PLEASE R				
		0	0		0	3	17	14
3404917	CENTERPOINT HUM	11	197	CLIENT NOT ELIGIBLE ON SERVICE				
	AN SERVICES			DATE				
		8800	23	FURTHER PROCESSING NECESSARY,	0	268	1847	1579
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8956	17	CLAIM SHOULD NOT CONTAIN BOTH				
				NPI AND BILLING PROVIDER				
				NUMBER. BILLING PROVIDER NUMB				
3404919	GUILFORD CO MEN	79	648	THIS SERVICE IS NOT PAYABLE TO				
	TAL HEALTHC			YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
		8534	61	SERVICE FACILITY LOCATION IS N	0	816	2065	1249
				OT A VALID IPRS				
				ATTENDING PROVIDER, OR THE NPI				
		8326	53	ATTENDING PROVIDER NUMBER WAS				
				NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404920	ALAMANCE CASWEL L AREA MH D	8326	834	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		5404	56	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	0	948	1458	510
		8961	22	ATTENDING PROVIDER NPI IS MIS SING. ATTENDING PROVIDER IS TYPICAL. PLEASE RESUBMIT WITH				
3404921	ORANGE PERSON C HATHAM AREA	8961	245	ATTENDING PROVIDER NPI IS MIS SING. ATTENDING PROVIDER IS TYPICAL. PLEASE RESUBMIT WITH				
		3101	71	THE TAXONOMY CODE FOR THE ATTE NDING PROVIDER IS MISSING	0	558	2492	1934
		8326	52	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
3404922	THE DURHAM CENT ER	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	1	1
3404923	FIVE COUNTY MH	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404925	SANDHILLS CENTE R FOR MH/DD	8599	121	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8800	119	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	10	424	4436	4012
		8537	56	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN				
3404926	SOUTHEASTERN RE G MENTAL HL	21	292	DUPLICATE OF CLAIM-SYSTEM				
		8599	181	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	942	3104	2162
		8326	121	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
3404927	CUMBERLAND CO M HC	11	273	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	47	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	358	896	538
		8326	20	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
3404930	JOHNSTON COUNTY MNTL HLTHC	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	5	5
3404931	WAKE CO HUM SVC BILLING OF	8326	386	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		8536	365	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	42	1480	8926	7446
		8599	271	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404933	SOUTHEASTERN CT R FOR MH/DD	8599	90	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8326	51	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE	0	222	6123	5901
		8536	29	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
3404934	ONSLow CARTERET BEHAV HEAL	8326	311	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		8599	141	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	831	2411	1580
		8537	132	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404937	THE BEACON CENT ER	21	21	DUPLICATE OF CLAIM-SYSTEM				
		23	18	SERVICE REQUIRES PRIOR APPROVA L	0	97	1166	1069
		8599	12	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404939	EAST CAROLINA B EHAVIORAL H	8599	58	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		143	35	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	1	263	3579	3316
		7001	33	EXCEEDS THE ONE PER DAY LIMITA TION				
3404942	EAST CAROLINA B EHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404943	ALBEMARLE MENTA L HEALTH CE	11	29	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		3411	15	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D	0	80	2282	2202
		8599	13	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404944	EASTPOINTE HUMA N SERVICES	8505	1301	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8326	128	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE	0	1493	1841	348
		8536	41	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				

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NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404946	FOOTHILLS AREAM	0	0	*** NO DATA TO REPORT ***				
	ENTAL HEALT							
		0	0		0	0	0	0
3404949	PIEDMONT BEHAVI	8536	3215	ATTENDING PROVIDER TYPE AND SP				
	ORAL HEALTH			ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
		23	1940	SERVICE REQUIRES PRIOR APPROVA	0	7218	7218	0
				L				
		191	698	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				